todos typo a pieco sign (* ) moiec and son	Please type a plus sign (+) inside this box	<b></b>	+
--	---	---------	---

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	APPLIED FOR	
Filing Date	HEREWITH	
First Named Inventor	Herbert Cermak	
Group Art Unit		
Examiner Name		
Attorney Docket Number	GKNG 1096 PCT	

I hereby appoint:  ☐ Practitioners at Customer Number  OR  ☐ Practitioner(s) named below:  ☐ Name Registration Number  ☐ John A. Artz ☐ Robert P. Renke ☐ 40,783  ☐ Reason and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to: ☐ The above-mentioned Customer Number.  OR ☐ Firm or Individual Name  Address Address  Address							
Practitioners at Customer Number  OR  Practitioner(s) named below:  Name  Registration Number  John A. Artz  Robert P. Renke  40,783  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address  Address							
Practitioner(s) named below:    Name   Registration Number     John A. Artz   25.824.     Robert P. Renke   40,783     as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.    Please change the correspondence address for the above-identified application to:   The above-mentioned Customer Number.   OR							
Name Registration Number  John A. Artz 25.824. Robert P. Renke 40,783  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address							
John A. Artz Robert P. Renke  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address							
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address							
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address							
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address							
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address							
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address							
The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address							
The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  Address							
OR  Firm or Individual Name  Address  Address							
Firm or Individual Name Address Address							
Address Address							
Address Address							
Address							
City State Zip							
Country							
Telephone Fax							
I am the:							
Applicant/Inventor.							
<u> </u>							
Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name DrIng. Herbert Cermak							
Signature							
Date							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
forms if more than one signature is required, see below*.   Total of1 forms are submitted.							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

			mber	GKNG 1096 PCT	
DECLARATION FOR UTILITY OR DESIGN		First Named Inv. nto	r	HERBERT CERMAK	
PATENT APPI		COMPLETE IF KNOWN			
(37 CFR 1.63)		Application Number		/ APPLIED FOR	
Declaration	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	HERI	EWITH	
		Group Art Unit			
Filing		Examiner Name			

-		requirea)	Examiner Name						
As a below named inventor, I hereby declare that:									
	My residence, mailing address, and citizenship are as stated below next to my name.								
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
	COUNTER TRACK JOINT								
	46	(Title of t	he Invention)	*					
	the specification of which								
	is attached hereto								
	OR								
	was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
	Application Number	and was a	amended on (MM/DD/YY	YY)	(if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as									
amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or									
PCT international filing date of the continuation-in-part application.  I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's									
or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for									
patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s) Country		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
100 32 854.7 GERMANY		GERMANY	07/06/2000						
L	Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/02B attached hereto:				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	Customer Num or Bar Code La				OR	Con	respondence address belo	ow
ROBERT P. RENKE ARTZ & ARTZ, P.C.								
28333 TELEGRAPH ROAD SUITE 250 Address								
City SOUTHFIELD				State	e MI		ZIP-48034	
U.S.A. Country	1	relep	248-223 phone	-9500			248-223-9522 Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST IN	/ENTOR:		A petition h	as be	en filed	for this un	signed inventor	
Given Name (first and middle [if any])	HERBEF	RT	٦		ily Name urname		CERMAK	
Inventor's Signature							Date	
BESSEN Residence: City	IBACH		State		Country	GERMANY	GERM Citizenship	IAN
BACHSTRASSE 49 Mailing Address								
City BESSENBACH			State		ZIP	D-63856	Country	1Y
NAME OF SECOND INVENTO	R:		A petition ha	s bee	n filed fo	r this unsi	gned inventor	·
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature							Date	
Residence: City			State		Country		Citizenship	
Mailing Address								
City			State		ZIP		Country	
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								